

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | Sm L | | 12/8/19 |
| O.I.P.E. CLASSIFIER | | 10 | 12/13/19 |
| FORMALITY REVIEW | | 69833 | |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected
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Form PTO-43 (Rev. 6/99)

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If more than 150 claims or 10 actions
 staple additional sheet here

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Best Available Copy